

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re) Case No. _____
)
) EX. D-2
) FINANCIAL REVIEW OF DEBTOR'S
) **NON-FARMING/NON-FISHING** BUSINESS
) [File With Statement of Financial Affairs in
) Chapter 12/13 Cases If Debtor Earns Any
) Income From Operation of a NON-FARMING/NON-FISHING
) Sole Proprietorship Business or Debtor or an Insider Owns 20%
 Debtor(s)) or More of a NON-FARMING/NON-FISHING Corporation]

(NOTE: **ONLY INCLUDE** information directly related to the NON-farming/NON-fishing business operation. This information is to be from the corporate books where necessary. If an item of Income or Expense does not apply indicate with "N/A.")

ATTACH COPY OF SCHEDULE C FROM PRIOR YEAR'S TAX RETURN (OR EXPLAIN ABSENCE).

INDICATE ACCOUNTING METHOD USED: Cash Basis Accrual Basis

BUSINESS NAME, ADDRESS AND PHONE NUMBER: _____

NATURE AND STARTING DATE OF BUSINESS AND PERCENTAGE OF OWNERSHIP: _____

PROJECTED ANNUAL BUSINESS INCOME:

1. Gross Sales or Receipts	\$ _____	
2. Returns and Allowances	(_____)	
3. Less Cost of Goods Sold	(_____)	
4. Other Income	_____	
5. Gross Income		\$ _____

PROJECTED ANNUAL BUSINESS EXPENSES (DO NOT Include Payments Paid Through Plan):

6. Advertising	_____	
7. Car and Truck Expenses	_____	
8. Commissions and Fees	_____	
9. Secured Debt Including Interest (attach list)	_____	
10. Employee Benefits (other than on line 14)	_____	
11. Insurance (other than health)	_____	
12. Legal and Professional Services	_____	
13. Office Expenses	_____	
14. Pension/Profit-Sharing Plans	_____	
15. Rent or Leases	_____	
a. Vehicles, Machinery, Equipment (attach list)	_____	(Truck/Forklift Rentals)
b. Other Business Property (attach list)	_____	(Building Leases)
16. Repairs and Maintenance	_____	
17. Supplies (if not included in line 3)	_____	
18. Taxes and Licenses	_____	
a. Payroll Taxes	_____	
b. Income/Self-Employment Tax	_____	
c. Other Taxes/Licenses	_____	
19. Travel	_____	
20. Meals and Entertainment	_____	
21. Utilities	_____	
22. Wages	_____	
23. Other expenses (list separately): _____	_____	
_____	_____	
24. Total Expenses		\$ _____

PROJECTED ANNUAL NET INCOME (line 5 less line 24) \$ _____

ESTIMATED AVERAGE NET MONTHLY INCOME \$ _____

(Attach explanation if not same as amount listed on Schedule I for the question "Regular income from operation of business ...")